

PRIYA RAGHAV, LICSW
Clinical Social Worker #LW60409142

8011 118th Ave NE Kirkland WA 98033

425-889-8524 (vm)

priya@play-it-out.com

Request/Authorization to Release Confidential Records and Information

Client information (you/your child):

Name: _____

Parent/guardian (if applicable): _____

Address: _____

Phone: _____ Birthdate: _____

I, _____, hereby authorize Priya Raghav, LICSW of *Play It Out!* to

- disclose,
- receive or
- exchange

information in

- verbally and/or
- written form

with:

Person or facility: _____

Relationship to Client: _____

Address: _____

Phone: _____

Information to be disclosed:

- _____ Date and frequency of visit with Priya Raghav
- _____ Client's emotional health care goals
- _____ Client's emotional health diagnosis
- _____ Documents:
- _____ Other:

I affirm that everything in this form that was not clear to me has been explained. I also understand that I have the right to receive a copy of this form upon my request and this authorization expires 1 year from this date on _____, or sooner on _____.

Signature of client /parent/guardian

Printed name

Date